## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P96000086733** Apr 26, 2000 8:00 am Secretary of State 1. Entity Name VICTORIAN EXPORTERS, INC. 04-26-2000 90072 045 \*\*\*150.00 Mailing Address Principal Place of Business 13431 SW 34 ST 13431 SW 34 ST MIAMI FL 33175-6910 **MIAMI FL 33175** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0713090 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KLAUS, KURT R JR. Street Address (P.O. Box Number is Not Acceptable) 1503 NW 14TH ST. MIAMI FL 33125 Citv Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. **PSD** TITLE Change Addition ☐ Delete TITLE URDANETA, KARIM NAME NAME STREET ADORESS 8860 SW 123RD COURT STE K-101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33186** Addition ☐ Change ☐ Delete TITLE TITLE NAMF NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ST-7IP I hereby certify that the information supplied with this filing does per pualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accordate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or rustee employed to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

changed, or on an attachment with an address with all other life impowered.

\*\*\*CNATURE: \*\*\*CHATURE: \*